	FORM D-2	Quarterly Report: (Check one:)  Final Report (Fund balance)	,	FOR OFFICE USE ONLY
Amendment of the Repo			ort Indicated Above	
Full name and co	mplete mailing a	address of Political Committee:	CHECK FOR ADDRESS CHANGE	COMMITTEE ID #
PC	est Suburban Bla Box 575 Irora, IL 60507		CHECK FOR E-MAIL ADDRESS CHANGE	Committee ID: 36745
REPORTING P	ERIOD CASH	AVAILABLE AT BEGINNING	ALL POLITICAL COMMITTE	ES RETURN TO:
OF REPORTING PERIOD:  \$   DO. %  FROM THRU Repeat this amount in SECTION D, Line (A)			STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 CHICAGO, IL 60602-3026
SECTION A — RECEIPTS			SECTION B — EXPENDITURES	
b. Not-Item 2. Transfers in a. Itemized b. Not-Item 3. Loans Receiv a. Itemized b. Not-Item 4. Other Receiv a. Itemized b. Not-Item TOTAL RECE	(from Schedule / ilzed:  (from Schedule / ilzed:  red (from Schedule / ilzed  rts (from Schedule / ilzed  IPTS (1a thru 4b)  rtributions (from Schedule i) ized	(1b) A): \$ (2a) \$ (2b) A): \$ (3a) \$ (3b) A): \$ (4a) \$ (4b) \$ (7R)	6. Transfers Out a. Itemized (from Schedule B): b. Not-Itemized: 7. Loans Made a. Itemized (from Schedule B): b. Not-Itemized: 8. Expenditures a. Itemized (from Schedule B): b. Not-Itemized 9. Independent Expenditures a. Itemized (from Schedule B-9) b. Not-Itemized TOTAL EXPENDITURES (6a thru:  SECTION C — DEBTS A (Include previously report 10. a. Itemized (from Schedule C): b. Not-Itemized	\$(9b) 9b)\$(TE) ND OBLIGATIONS
Name and addition the comme	dress of person s mittee's Chair or	submitting this report <u>if other</u> Treasurer:	TOTAL DEBTS & OBLIGATIONS  SECTION D — CAS  Cash available at beginning of reporting period  Total Receipts from Section A (TR  Total cash (A) plus (B  Total Expenditures from Section B (TE  Funds available at close of reporting period (C minus D)  Investments total (if applicable)	SH BALANCE  SI: \$ 60. 6 (A)  SI: \$ 0. 6 (B)  SI: \$ (C)  SI: \$ 0. 6 (D)  SI: \$ 1. 6 (E)  SI: \$ (F)
TATEMENTS HAS BE RTICLE 9 OF THE ELE IP TO \$5000.	EN EXAMINED BY ME CTION CODE. I UNDER	E AND TO THE BEST THE BEST OF MY KNO PRISTAND THAT WILLFULLY FILING A FALSE	UTIONS AND EXPENDITURES (INCLUDING ACCOMMILEDER AND BELIEF IS A TRUE, CORRECT AND COI OR INCOMPLETE STATEMENT (S SUBJECT TO A CIV	MPLETE REPORT AS REQUIRED BY IL PENALTY OF AT LEAST \$1001 AND

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE THIS FORM MAY BE REPRODUCED

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DATE 4-9-2022 REVISED 08/2021